

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [MarshH@michigan.gov](mailto:MarshH@michigan.gov).

**CHECK THE APPROPRIATE BOX:**

<input type="checkbox"/> For Profit Company Organization	<input type="checkbox"/> Local School District	<input type="checkbox"/> Community-Based
<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Public School Academy	<input type="checkbox"/> Private School
<input type="checkbox"/> Institution of Higher Education Organization	<input type="checkbox"/> Intermediate School District	<input checked="" type="checkbox"/> Faith-Based

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**Section 1: Provider Identification**

**Name of Entity** Higher Ground Program

**Name of Director** Jackey Wilson

**Address** 8131 E. Outer Drive **City** Detroit **State** MI **Zip** 48213

**Phone** 313-245-4191 **Fax** 313-245-4390 **Email** jwil@highergroundprogram.org

**Proposed Location of Services** (if different from above):

**Address** Same **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

If different from Director:

**Name of Contact Person** Same

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Section 2: Provider Geographic Service Area Information**

**1. Our organization can provide services to:**

All local school districts/PSAs in Michigan: Yes ☒ No ☐

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

All Michigan Schools

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**2. Proposed Location of Services** – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 8131 E. Outer Drive - Detroit, MI 48213

Site Location #2: 17330 Chandler Park Drive - Detroit, MI 48224

Site Location #3: Different off site locations as requested

**3. Transportation** – Provide information about accessibility to public transportation from your site:

Gratiot & Conner (Detroit Public Works)

Free Transportation Provided

**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☒ No ☐

### **Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Reading, Math, Reading Literature and Reading Comprehension

**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K thru 12th

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School    ☒ After School    ☒ Weekends    ☒ Summer    ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☒ Individual Tutoring    ☒ Small Group Instruction    ☒ Large Group

Instruction

☐ Online Web-Based    ☐ Other \_\_\_\_\_

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 2 hours    Number of Sessions per Week 3-5 days

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers    ☒ Paraprofessionals    ☒ Volunteers    ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☒ Special Education    ☐ Limited English Proficient    ☒ Other 1-12

#### Section 4: Provider Fees

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

- ☐ **\$40 on- site/\$60 off- site per hour** (unit of time, e.g., hour, week, etc.) per student.
- ☐ \$\_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.